KEUKA COLLEGE

Field Period Hours Log Sheet

Student Name: _____ Supervisor Name:_____

Site Name: _____

Date	Time In	Time Out	Time In	Time Out	Total
				TOTAL:	

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date:_____

(Make additional copies if needed)

Center for Experiential Learning

HEG 107 / experiential@keuka.edu / 315-279-5274 (phone) / 315-279-5329 (fax)